

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00578724	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 07 / 15 / 2015	

Full Name of Payee <b>ooShirts</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 07 / 2015	
Mailing Address 41454 Christy Street		Amount 1765.31	
City Fremont	State CA	Zip Code 94538	Transaction ID : SE.4218
Purpose of Expenditure T-Shirts	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 07 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		7500.00	

Full Name of Payee <b>Ralco</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 627 Reistertown Rd		Amount 628.48	
City Baltimore	State MD	Zip Code 21208	Transaction ID : SE.4219
Purpose of Expenditure Signs	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 13 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		7500.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2393.79
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Damian O'Doherty*

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2015

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00578724	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 07 / 15 / 2015	

Full Name of Payee <b>Resonate Networks</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 11720 Plaza America Drive 3rd Floor		Amount 5000.00	
City Reston	State VA	Zip Code 20190	Transaction ID : SE.4147
Purpose of Expenditure Web Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		5000.00	

Full Name of Payee <b>Resonate Networks</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 11720 Plaza America Drive 3rd Floor		Amount 5000.00	
City Reston	State VA	Zip Code 20190	Transaction ID : SE.4150
Purpose of Expenditure Ad Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		7500.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Damian O'Doherty

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Date

MM / DD / YYYY  
09 / 02 / 2015

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 07 / 15 / 2015	

Full Name of Payee <b>StoryFarm</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Mailing Address 1909 Thames Street Suite 201		Amount 2500.00	
City Baltimore	State MD	Zip Code 21231	Transaction ID : SE.4148
Purpose of Expenditure Ad Production	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		7500.00	

Full Name of Payee <b>StoryFarm</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 13 / 2015	
Mailing Address 1909 Thames Street Suite 201		Amount 2500.00	
City Baltimore	State MD	Zip Code 21231	Transaction ID : SE.4149
Purpose of Expenditure Ad Production	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 13 / 2015	
Name of Federal Candidate MARTIN JOSEPH O'MALLEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		7500.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	17393.79

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Damian O'Doherty

[Electronically Filed]

Date

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09 / 02 / 2015

Signature